# South Dakota Money Follows the Person

February 2014

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# What is MFP?

- DHHS Demonstration Grant
- Designed to assist states to balance long-term care systems and help Medicaid enrollees transition from institutions to community
- MFP demonstration services were authorized by Congress in the Deficit Reduction Act of 2005; and extended by the Affordable Care Act of 2010

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# South Dakota's MFP Overview

**Benchmarks** – What is our goal?

**Eligibility** – Who can we serve?

**Services** – What can we provide?

**Stages of Transition** – How will we get there?

# SD MFP Benchmarks

**1.** Projected number of eligible transitions

**2**. Increase in HCBS expenditures

**3.** Maintain transitions for at least one year

**4.** Participants treated how they want to be treated

**5.** HCBS and LTC workforce services receive training on LTSS (long term supports and services) topics

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# SD MFP Eligibility

- Is a South Dakota resident;
- Has been residing in a nursing facility, ICF/ID or other qualifying institution for more than 90 consecutive days;
- Meets Medicaid level of care and financial eligibility criteria at least one day prior to transition;
- Has at least one paid Medicaid day in a qualified institution;
- Will reside in qualified housing upon transition;
- Is willing to enroll in and can be supported in the community through the provision of an existing 1915(c)HCBS waiver; and
- Expresses a desire to live and receive services in a home and community based setting.

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# SD MFP Services

- MFP participant would receive services as authorized by the appropriate HCBS 1915(c) waiver
  - ADLS Waiver
  - ASA Waiver – elderly and disabled
  - CHOICES Waiver
  - Family Support

- Participant would also be eligible to receive MFP demonstration services as assessed by Transition Team

# SD MFP Demonstration Services

- Transition Services
- Non-Medical Transportation
- Assistive Technology
- Consumer Preparation
- Behavior Crisis Intervention

## Outreach

- Brochures
- Website
- Presentations
- Medical Services newsletter
- ADRC services

## Assess

- Eligibility
  - 18 and over
  - Elderly
  - Disabled
  - Medicaid eligible
  - 90+day stay
- Referrals
  - MDS Section Q
  - SDDC
  - Nursing Homes

## Enroll

- MFP Interview Questionnaire
- Quality of Life Survey
- Transitional Packets
- Transition Team
- Waivers
  - ASA
  - ADLS
  - Family Support 360
  - CHOICES

## Waiver and Demo Services:

- **Transitioning**
  - Housing $1000
  - Essentials $1500
- **Transportation** $500
- **Assistive Technology** $5150
- **Consumer Prep** $300 (50 units/12.5 hours)
- **Behavior Crisis Interventions** $2625 ($105/hr for 25 hours)

## Follow Up

- Quality of Life Survey again at:
  - 11 months
  - 24 months
- Continued Transition Cordinator and Demo Services 365 post transition

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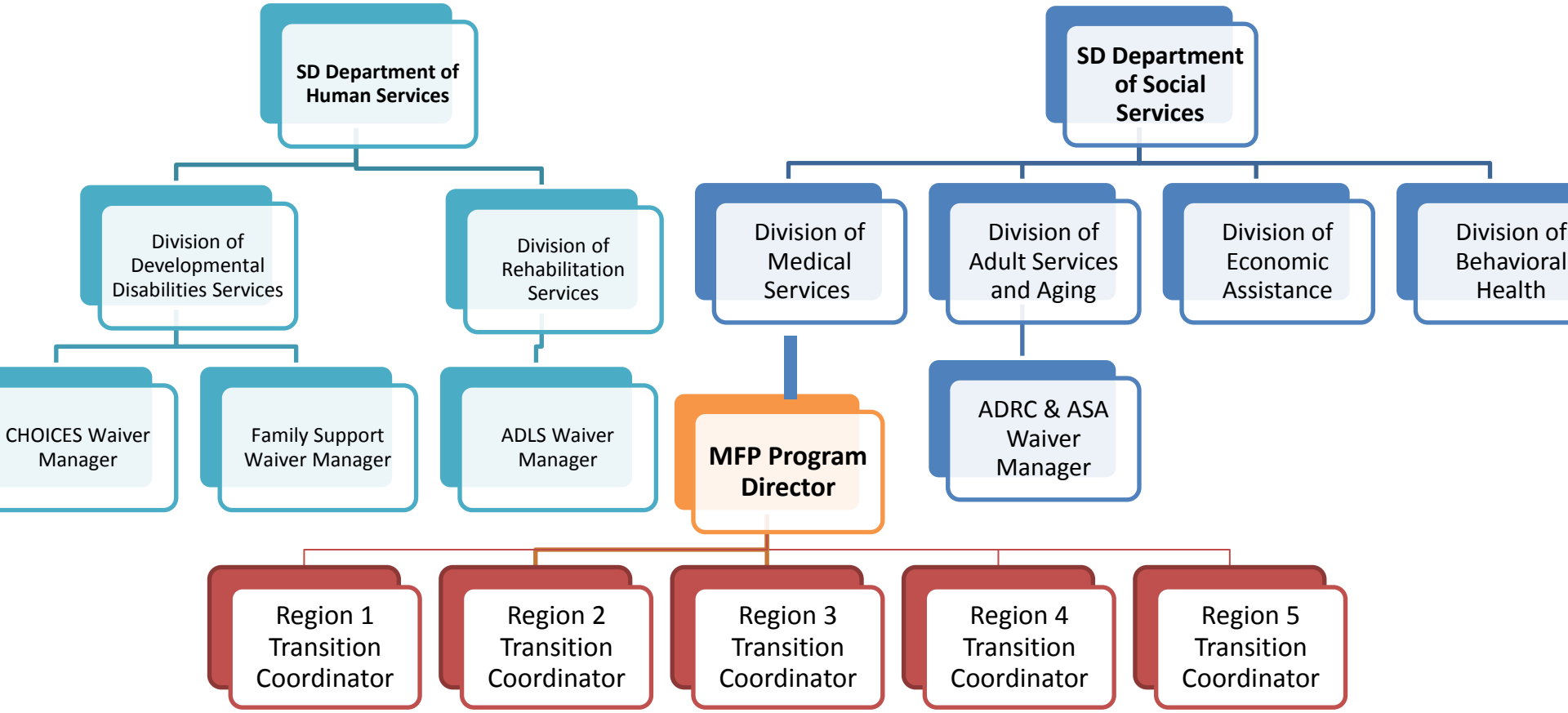
# SD MFP Organizational Chart



# Transition Coordinators:

- Believe in the participant's ability to live in the community and committed to collaborating with all necessary resources to make this happen in a way that meets the participant's unique needs and preferences.

- Assist with arranging community-based services, securing living arrangements, setting up a home, and developing action plans that address potential risks.

- Accept referrals, initiate contact with potential MFP participants, interview and assess each individual, compile a transition team for that person, and assist with all stages of transition. Complete the Quality of Life surveys and document contact.

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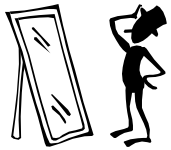
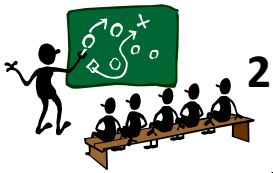
# Transition Stages of SD MFP



**1. Assessment Stage**
Referral and Initial Assessment with Transition Coordinator



**2. Planning Stage**
Participant working with Transition Coordinator and Transition Team to develop plan, identify housing, establish needed services


**3. Moving Stage**
Participant relocates and HCBS begin

**4. At Home Stage**
Ongoing follow-up with participant

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# 1. Assessment Stage

- MFP Initial Interview Questionnaire
  - ✓ Meet eligibility requirements?
  - ✓ Interested in transitioning?
    (Wants/Needs and Behavioral Assessments)
  - ✓ Viable options to transition to?

- Informed Consent

- Identify Transition Team Members

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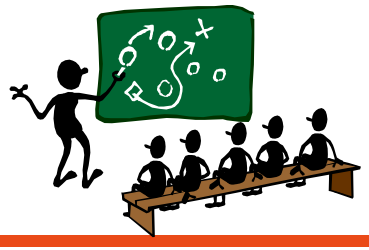

# 2. Planning Stage

- Transition Care Plan
  - ✓ Identify all life domains and the potential associated risks
- Identify qualified housing
- Assess for services needed in the community /providers of services
- Create Risk Plan, including 24/7 Back up Plan

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# 3. Moving Stage

- Complete Quality of Life (or Q of L) Survey prior to transition
- Discharge plan
- Assure actual transition proceeds smoothly

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# 4. At Home Stage

- Follow up contacts
  - ✓ 2 days, 2 weeks, and 2 months
- Quality of Life surveys
  - ✓ Completed again at 11 and 24 months

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## ……MFP Bridge……

**From inside a Facility……**

**…to Home in the Community**

# Next Steps…..

- Applications are due February 28th
- Anticipate award announcements and contract preparations in March
- Training for Transition Coordinators in April to be held in Pierre
- Continued outreach to potential referral sources

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# Questions??

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# SD MFP Contact Information:

www.dss.sd.gov/mfp

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